PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

8. Name and Address of Current Registered Agent  Name Philip G FATOLITIS  Street Address (P. D. Box Number is Not Acceptable)  3. WEEAR ST.  Suite Apt #, Els.  City ARPON Sprinks FL 34689  9. I. being appointed the registered agent of the above named limited lightlity company, and familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Managing Members Managers  Name of Managing Members Managers		_
1. Lunted Labeling Company's Name  P. G. F. CONSTRUCTION, L. C.  2. Principle Office Address - No. P.O. Box 8  3. Mailing Office Address - S. S. Mailing Office Address 3  3. Mailing Office Address - No. P.O. Box 8  3. Mailing Office Address - No. P.O. Box 8  3. Mailing Office Address - No. P.O. Box 8  3. Mailing Office Address - No. P.O. Box 8  3. Mailing Office Address - No. P.O. Box 8  3. Mailing Office Address - No. P.O. Box 8  3. Mailing Office Address - No. P.O. Box 8  3. Mailing Office Address - No. P.O. Box 8  4. Sizer-Chapter of Country - S. Das Originized or Outside Affect - P.C.  5. Das Originized or Outside Office Address 1	COMPANY Secretary of State	
P. G. F. CONSTRUCTION, L. C.  2. Principal Office Address - No. P.O. Box 8  3. Mailing Office Address - S. S. W. R. P. C. C. S. Suite Age 4. etc.  2. Suite Age 4. etc.  3. Suite Age 4. etc.  3. Suite Age 5. E. T. ARPON SPRINGS FL. TARPON SPRINGS FL. STATUS DESIGNATION FOR TARPON SPRINGS FL. TARPON	DOCUMENT # 1-0400019908	10 DEC 15 PM 4: 08
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 5. Suthe Address of Commission Suther Address of Commission Suther Address of Country 3. Suther Address of Country 3. Suther Address of Country 3. A State Country 3. A Sta	Limited Liability Company's Name	SEURE FARY OF STATE Tallahassee, Florida
A State Courting of Promotion of Promotion and and accounts of Promotion of Promoti	W1-56864	DEINICTATEMENT OR /
Suite, Apt. 8, etc.  ACT ARPON SPRINGS, FL.  TARPON		MENTEN CO 10
City & State  Registered Agent  Registered Agent  Registered Agent  Street Address IP .0. Big. Number ja Net Acceptable)  Street Address IP .0. Big. Number ja Net Acceptable)  Street Address IP .0. Big. Number ja Net Acceptable)  Street Address IP .0. Big. Number ja Net Acceptable)  Street Address IP .0. Big. Number ja Net Acceptable)  Street Address IP .0. Big. Number ja Net Acceptable)  Street Address IP .0. Big. Number ja Net Acceptable)  Street Address IP .0. Big. Number ja Net Acceptable)  Street Address IP .0. Big. Number ja Net Acceptable)  Street Address IP .0. Big. Number ja Net Acceptable)  Street Address IP .0. Big. Number ja Net Acceptable)  Street Address IP .0. Big. Number ja Net Acceptable)  FEL 3 Zip Codes  FEL 3 Zip Codes  12 / 10 / 10 - 01104 - 0107 ***243.75  City Agent Address IP .0. Big. Number ja Net Acceptable)  Registered Agent  R	<del></del>	4. State/Country of Formation
APPIDED SPRINGS, FL. TARPON SPRINGS, FL. TARPON SPRINGS, FL. 20 Country 20 Country 34689 Country 20	-A	
The state of Status Desired Address of Current Registered Agent  Name Philip G FATO NIT'S  Store Address IP O. Box Number is Not Acceptable)  Store Address IP O. Box Number is Not Acceptable)  Store Address IP O. Box Number is Not Acceptable)  Store Address IP O. Box Number is Not Acceptable)  Store Address IP O. Box Number is Not Acceptable)  Store Address IP O. Box Number is Not Acceptable)  Store Address IP O. Box Number is Not Acceptable)  Store Address IP O. Box Number is Not Acceptable)  Store Address IP O. Box Number is Not Acceptable)  Store Address IP O. Box Number is Number in Number is Number in Nu		6. FEI Number Applied For
8. Name and Address of Current Registered Agent  Name  Philip G FA TO L. T.S  Street Address (P.O. Bax Number is Not Acceptable)  3.4 W. R. EACH S.T.  Suite, Apt. R. Etc.  GID 1.88.46.4.486  12/16/1001001004 **272.50  6001.88.46.4.486  12/17/1001040007 **243.75  City ARPON Spring S. State Size Size Size Size Size Size Size Siz		7
Name Philip G FATO LITS  Street Address IP O. Box Number is Not Acceptable)  3.4 W READ ST.  Suite Apt. #. Etc. #.  City ARPON Springs   Street Address of Each St.    Philip G FATO LITS   Street Address of Each Managing Members/Managers  10. Names and Street Addresses of Managing Members/Managers  Name of Managing Members Managers  Name of Members Managers  Name of Managing Members Managers  Name o	34689 17 NUELLAS 34689 USA	CENTIFICATE OF STATUS DESIDER
Sitest Address (P.O. Box Number is Not Acceptable)  Sitest Address (P.O. Box Number is Not Acceptable)  Sute, Apt. F. Etc.  City ARPON Springs (State State		
Street Address of Each  Name of Managing Member/Managers  Titles Managing member/managers or the receiver of trusted extension indicated on this application is true and accurate, and my signature shall have the same logal effect as it made under oth the littled libility company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same logal effect of Managing Member/Manager Philip G FATOLITS Date 17. Day Phone # 727-934-3813.		600188464486
State Apt #, Etc. APPOIN Spring State   Zip Code   Zi	Street Address (P.O. Box Number is Not Acceptable)	12/16/1001001004 **272.50
City ARPON Springs   State   Zip Code   FL   3 4689    9. I, being appointed the registered agent of the above named limited ligibility company, am familiar with and accept the obligations of Chapter 808, F.S.  Signature of Registered Agent   Registered Agent		600188464486 12707/1001040007 **243,75
9. I, being appointed the registered agent of the above named limited ligibility company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  10. Names and Street Addresses of Managing Members/Managers  Name of Managing Memb		12, 01, 10
REGISTERED AGENT MUST SIGN  10. Names and Street Addresses of Managing Members/Managers  Titles  Name of Managing Members/Managers  Street Address of Each Managing Members/Managers  Apt. Apt. Apt. Apt. Apt. Apt. Apt. Apt.	9. I, being appointed the registered agent of the above named limited ligibility company, am familiar with and accept the obligations of Chapter 608, F.S.	
Titles Name of Managers Street Address of Each Manager City / State / Zip  WGRM Ph, /ip G. FATOLITIS 34 W Copy ST. Apt. If Improv Sp. is gs. FA. 3468  11. E-mail Address: Philip G FATOLITIS 34 W Copy ST. Apt. If Improv Sp. is gs. FA. 3468  12. Learly that I am managing member/manager or the receiver of trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all tees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  Signature of Managing Member/Manager Philip G Cato Xi TiS Date 17 1/2/102 Daytime Phone # 727-934-38/13	Registered Agent / Vun f - / / / / / Date / C C / O	
Managing Member/ Manager  Managing Member/ M	10. Names and Street Addresses of Managing Members/Managers	
11. E-mail Address: Philip G FATO ITS and Africa angla report notifications)  12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  Signature of Manager Philip G FATO Li TiS Date 17 (2/10) Daytime Phone # 727-934-3813		per City / State / Zip
(To be used for future annual report notifications)  12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  Signature of Manager Philip G PATO LITIS Date 17. 19. Daytime Phone # 727-934-3813	NGRM Philip G. FATOLITIS 34WREAST. APT.	A TAMPON Springs FL. 3468
(To be used for future annual report notifications)  12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  Signature of Manager Philip G PATO LITIS Date 17. 19. Daytime Phone # 727-934-3813		
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/	12. I cartify that I am managing member/manager or the receiver or frustee empowered to execute this application the reason for dissolution has been eliminated, the limited liability compared to execute this application the reason for dissolution has been eliminated, the limited liability company have been paid. The information indicated on this application is	ation as provided for in Chapter 608, F.S. I further certify that when ny name satisfies the requirements of section 608.406, F.S., and that
/	Signature of Manager Thilip G FATOLITIS Date 17	2/10 Daytime Phone # 727-934-38/3